A Study of the Efficacy and Safety of Galinpepimut-S (GPS) for the Treatment of Acute Myeloid Leukemia Compared to Investigator's Choice of Best Available Therapy

Estado	**Tipo de Participantes**	**Rangos de Edad**
EC Finalizado	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase III	171
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	Si
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Multicéntrico internacional	tratamiento, seguridad, eficacia	NO

Información

Identificador

2024-516405-23-00 (CTIS)

Cod. Protocolo

SLSG18-301

Transicionado 2019-004134-42

Área terapéutica

Enfermedades [C] - Cáncer [C04]|

Enfermedad investigada

Acute myeloid leukemia (AML) in second or later complete remission (CR2) or second or later complete remission with incomplete platelet recovery (CRp2)

Título Científico

A Randomized, Open-Label Study of the Efficacy and Safety of Galinpepimut-S (GPS) Maintenance Monotherapy Compared to Investigator's Choice of Best Available Therapy in Subjects with Acute Myeloid Leukemia Who Have Achieved Complete Remission After Second-Line Salvage Therapy

Justificación

No aportado

Objetivo Principal

To compare the efficacy of GPS to Investigator's choice of Best Available Treatment (BAT) on overall survival (OS) in subjects with AML who are in CR2/CRp2

Variables de Evaluación Primaria

Median overall survival (OS)

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

1. To assess the safety & tolerability of GPS as measured by clinical reporting of adverse events, findings on physical exam and laboratory parameters in subjects with AML who are in CR2/CRp2.
2. To evaluate the efficacy of GPS compared to Investigator's choice of BAT, in subjects with AML who are in CR2/CRp2, with respect to: o Leukemia Free Survival (LFS) o OS rate (%) at 6, 9 and 12 months (landmark) o LFS rate (%) at 6, 9, and 12 months (landmark) o Minimal residual disease by multigene assay (both in peripheral blood and bone marrow aspirates).
3. To evaluate the effect of prior allogeneic (hematopoietic) stem cell transplantation on the efficacy of GPS compared to Investigator's choice of BAT, in subjects with AML who are in CR2/CRp2, with respect to: o OS and OS rate (%) at specified landmarks o Leukemia Free Survival (LFS) and LFS rate (%) at specified landmarks.

Variables de Evaluación Secundaria

Leukemia Free Survival (LFS); 6-, 9-, and 12-month OS; 6-, 9-, and 12- month LFS, and presence of MRD.

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

1. Patients, or their legally acceptable representatives, must be willing and able to understand and provide signed

informed consent for the study that fulfills Institution Review Board (IRB) guidelines. 10. Subjects must have an estimated life expectancy >6 months. 11. If female, is postmenopausal (at least 12 sequential months of amenorrhea) or surgically sterile. Females of childbearing potential must have a negative pregnancy test. 12. Female patients of childbearing potential who are heterosexually active and male patients with female sexual partners of childbearing potential must agree to use an effective method of contraception (e.g., oral contraceptives, double-barrier methods such as a condom and a diaphragm, intrauterine device) during the study and for 4 to 6 months (depending on treatment) following the last dose of study medication, or to abstain from sexual intercourse for this time; a woman not of childbearing potential is one who has undergone bilateral oophorectomies or who is post-menopausal, defined as the absence of menstrual periods for 12 consecutive months. 13. Subjects must have recovered to National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE) v5 Grade 0 or 1 after completion of prior AML therapy with the exception of the platelet count requirements (i.e., as long as peripheral blood platelet count is >20,000/µL). 14. Subjects must not have end stage renal disease. 15. Subjects must have adequate hepatic function defined as a serum total bilirubin as a serum total bilirubin <2 x ULN (except for Gilberts syndrome, which will allow bilirubin 3.0 mg/dL and alanine aminotransferase (ALT) and aspartate aminotransferase (AST) 3 × ULN. 16. Subjects must be willing and able to return to the clinical site for adequate follow-up and to comply with the protocol as required 2. Male or female patients > 18 years of age on the day of signing informed consent. 3. Subjects must have a diagnosis of AML according to the WHO criteria (primary/de novo or secondary, including treatment-related [e.g., due to prior anthracycline use], as well as cases due to progression of antecedent hematological disorder [e.g., MDS, MPN, or MDS/MPN 'overlap' syndrome). 4. Les patients doivent être en deuxième rémission morphologique complète ou ultérieure (avec ou sans récupération des plaquettes ; RC2/RCp2) pour une LMA en rechute, selon les critères de RCp suivants : a. < 5 % de myéloblastes dans la moelle osseuse. b. Absence de corps d'Auer. c. Absence de blastes périphériques circulants. d. Nombre absolu de neutrophiles (NAN) du sang périphérique >1000 cellules/µL. e. Numération plaquettaire du sang périphérique >20 000/µL. f. Absence de maladie extra-médullaire. 5. Patients must have > 300 lymphocytes/ µL. 6. Subjects must not be candidates at the time of study entry for allogeneic stem cell transplant (Allo-SCT) due to intercurrent medical conditions, patients preference or lack of an available donor. 7. Subjects must have received the last dose of re-induction antileukemic therapy at least 4 weeks or ten half-lives of induction chemotherapy (whichever is shorter) prior to receiving study treatment. 8. Subjects must be consented within 6 months of having achieved CR2/CRp2 or later. 9. Subjects must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0,1,2 or 3.

Criterios de Exclusión

1-For subjects randomized to GPS maintenance monotherapy: a. Continuation of any agents administered as part of induction of CR2/CRp2 or later b. Receiving any concurrent anti-AML systemic therapy c. Prior clinically significant allergic reaction to Montanide, sargramostim (GM-CSF) or filgrastim (granulocyte colony stimulating factor [G-CSF]). d. Received any consolidation and/or maintenance antileukemic therapy, investigational agent, systemic corticosteroid therapy, or other immunosuppressive therapy within 4 weeks prior or 10 half lives, whichever is shorter prior to receiving study treatment. Systemic corticosteroids for chronic conditions (at doses 10 mg/day of prednisone or equivalent) are permitted, as are inhalational, intra-ocular, intra-articular and topical corticosteroids as well as any corticosteroids or other immunosuppressive therapies that do not act systemically (e.g. budesonide) at any dose level.
8-Pat who had an SCT after their most recent re-induction that resulted in CR2 or CRp2 or later are not eligible. Pat. with prior SCT are allowed only if they had SCT prior to their latest re-induction or achieved CR by means of transplant.
9-Has a diagnosis of immunodeficiency or is receiving chronic systemic steroid therapy (in dosing exceeding 10 mg daily of prednisone equivalent) or any other form of systemic immunosuppressive therapy exceeding 10 mg daily of prednisone equivalent within 7 days prior the first dose of study drug. The use of physiologic doses of corticosteroids and/or immunosuppressive agents may be approved after consultation with the Sponsor. Steroids taken as short-term therapy (7 days) for antiemesis are permissible.
12-Has known hypersensitivity to Montanide or vaccine adjuvants.
13-Had a previous clinically significant systemic allergic reaction to Montanide, sargramostim (GM-CSF), or filgrastim (G-CSF)
14-Has an active autoimmune disease that has required systemic treatment in past 2 years (i.e., with use of disease modifying agents, corticosteroids or immunosuppressive drugs). Replacement therapy is not considered a form of

systemic treatment and is allowed.
15-Has an active life threatening infection requiring systemic therapy.
16-Has a history or current evidence of any condition, therapy, or laboratory abnormality that might confound the results of the study, interfere with the patients participation for the full duration of the study, or is not in the best interest of the participant to participate, in the opinion of the treating investigator.
17-Has a known psychiatric or substance abuse disorder that would interfere with the participants ability to cooperate with the requirements of the study.
18-Is pregnant or breastfeeding or expecting to conceive or father children within the projected duration of the study, starting with the screening visit through 30 days after the last dose of study treatment.
19-Has had an allogeneic tissue/solid organ transplant.
10-Has a known additional malignancy that is progressing or has required active treatment within the past 5 years, even if currently inactive or unapparent.
11-Has known active CNS metastases and/or carcinomatous meningitis. Participants with previously treated brain metastases may participate provided they are radiologically stable, i.e., without evidence of progression for at least 4 weeks by repeat imaging (note that the repeat imaging should be performed during study screening), clinically stable and without requirement of steroid treatment for at least 14 days prior to first dose of study treatment.
2-Subjects with an imminently planned hematopoietic stem cell transplant (autologous or allogeneic, with any degree of match donor).
3-Subjects with acute promyelocytic leukemia or any morphologic and molecular variants, inclusive.
4-Subjects with a serious concurrent illness that in the opinion of the Investigator would pose an undue risk to the subject participating in the clinical study.
5-Subjects who currently have, central nervous system leukemia
6-Has received a live vaccine within 30 days prior to the first dose of study drug. Examples of live vaccines include, but are not limited to, the following: measles, mumps, rubella, varicella/zoster (chicken pox), yellow fever, rabies, Bacillus CalmetteGuérin (BCG), and typhoid vaccine. Seasonal influenza vaccines for injection are generally killed virus vaccines and are allowed; however, intranasal influenza vaccines (e.g., FluMist®) are live attenuated vaccines and are not allowed. Vaccines for Covid-19 used under an EUA, are considered an authorized (though not an approved or cleared) medical product for use in clinical care. Vaccines used for the prevention of Covid-19 are allowed to be used.
7-Is currently participating in or has participated in a study of an investigational agent or has used an investigational device within 4 weeks, or in the case of drugs 10 half lives, whichever is shorter, prior to the first dose of study treatment.

Calendario

(Última actualización: 05/05/2025)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
26/10/2022	16/11/2022	23/11/2022	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
08/04/2024	No aportado	No aportado	11/11/2024	No aportado

Promotor

Sellas Life Sciences Group Inc. United States

7 Times Square Suite 2503

Contact Person

Clinical Development

+16462005278

Info@sellaslife.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm Provincial de Sevilla

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955043127

Centros

Cerrado (11/11/2024)

CLINICA UNIVERSIDAD DE NAVARRA

Pamplona/Iruña

NAVARRA

Oncología

Cerrado (27/05/2024)

Complejo Asistencial Universitario De Salamanca

Salamanca

SALAMANCA

Oncología

Cerrado (11/11/2024)

Complejo Hospitalario Gregorio Marañón

Madrid

MADRID

Servicio de Hematología

Cerrado (23/05/2024)

Complejo Hospitalario La Paz

Madrid

MADRID

Servicio de Hematologia

Cerrado (11/11/2024)

Hospital de San Pedro de Alcantara

Cáceres

CÁCERES

Oncología

Cerrado (11/11/2024)

HOSPITAL UNIVERSITARIO CENTRAL DE ASTURIAS

Oviedo

ASTURIAS

Servicio de Neumologia- Consultas Externas

Cerrado (27/05/2024)

HOSPITAL UNIVERSITARIO REINA SOFIA

Córdoba

CÓRDOBA

Hematología

Cerrado (11/11/2024)

HOSPITAL UNIVERSITARIO VIRGEN DEL ROCIO

Sevilla

SEVILLA

Unidad de Hematología y Hemoterapia

Cerrado (11/11/2024)

HOSPITAL UNIVERSITARIO Y POLITECNICO LA FE

València

VALENCIA

Hematology Department

Medicamentos

Azacitidine Accord 25 mg/mL powder for suspension for injection
SUSPENSION FOR INJECTION
SUBCUTANEOUS USE

Código ATC: L01BC07 - AZACITIDINA
Principios Activos: N/A

Experimental

Sargramostim (GM-CSF)
INJECTION
SUBCUTANEOUS

-
Principios Activos: N/A

Experimental

Venclyxto 100 mg film-coated tablets
FILM-COATED TABLET
ORAL

Código ATC: L01XX52 - VENETOCLAX
Principios Activos: N/A

Experimental

Azacitidine Accord 25 mg/mL powder for suspension for injection
SUSPENSION FOR INJECTION
SUBCUTANEOUS USE

Código ATC: L01BC07 - AZACITIDINA
Principios Activos: N/A

Experimental

Alexan 20 mg/ml oldatos injekció vagy infúzió
SOLUTION FOR INJECTION
INTRAVENOUS (IV) OR SUBCUTANEOUS (SC)

Código ATC: L01BC01 - CITARABINA
Principios Activos: N/A

Experimental

Vidaza 25 mg/ml powder for suspension for injection
SUSPENSION FOR INJECTION
SUBCUTANEOUS USE

Código ATC: L01BC07 - AZACITIDINA
Principios Activos: N/A

Experimental

Galinpepimut-S
POWDER FOR INJECTION
SUBCUTANEOUS

-
Principios Activos: N/A

Huérfano

Experimental

Dacogen 50 mg powder for concentrate for solution for infusion.
SOLUTION FOR INFUSION
INTRAVASCULAR USE

Código ATC: L01BC08 - DECITABINA
Principios Activos: N/A

Experimental

Sin resultados

A Study of the Efficacy and Safety of Galinpepimut-S (GPS) for the Treatment of Acute Myeloid Leukemia Compared to Investigator's Choice of Best Available Therapy

State	Type of participants	Age Ranges
Finished CT	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase III	171
Results	**Low level of intervention**	**Rare disease**
No results	No	Yes
Geographic coverage	**Areas of the study**	**Advanced therapy**
International multicenter	treatment, safety, effectiveness	NO

Information

Identifier

2024-516405-23-00 (CTIS)

Protocol Code

SLSG18-301

Transitioned 2019-004134-42

Therapeutic area

Diseases [C] - Cancer [C04]|

Investigated Disease

Acute myeloid leukemia (AML) in second or later complete remission (CR2) or second or later complete remission with incomplete platelet recovery (CRp2)

Scientific Title

A Randomized, Open-Label Study of the Efficacy and Safety of Galinpepimut-S (GPS) Maintenance Monotherapy Compared to Investigator's Choice of Best Available Therapy in Subjects with Acute Myeloid Leukemia Who Have Achieved Complete Remission After Second-Line Salvage Therapy

Rationale

Not provided

Main Objective

To compare the efficacy of GPS to Investigator's choice of Best Available Treatment (BAT) on overall survival (OS) in subjects with AML who are in CR2/CRp2

Primary Endpoints

Median overall survival (OS)

Temporary moments of secondary assessment

Not provided

Secondary Objective

1. To assess the safety & tolerability of GPS as measured by clinical reporting of adverse events, findings on physical exam and laboratory parameters in subjects with AML who are in CR2/CRp2.
2. To evaluate the efficacy of GPS compared to Investigator's choice of BAT, in subjects with AML who are in CR2/CRp2, with respect to: o Leukemia Free Survival (LFS) o OS rate (%) at 6, 9 and 12 months (landmark) o LFS rate (%) at 6, 9, and 12 months (landmark) o Minimal residual disease by multigene assay (both in peripheral blood and bone marrow aspirates).
3. To evaluate the effect of prior allogeneic (hematopoietic) stem cell transplantation on the efficacy of GPS compared to Investigator's choice of BAT, in subjects with AML who are in CR2/CRp2, with respect to: o OS and OS rate (%) at specified landmarks o Leukemia Free Survival (LFS) and LFS rate (%) at specified landmarks.

Secondary Endpoints

Leukemia Free Survival (LFS); 6-, 9-, and 12-month OS; 6-, 9-, and 12- month LFS, and presence of MRD.

Temporary moments of secondary assessment

Not provided

Inclusion criteria

1. Patients, or their legally acceptable representatives, must be willing and able to understand and provide signed

informed consent for the study that fulfills Institution Review Board (IRB) guidelines. 10. Subjects must have an estimated life expectancy >6 months. 11. If female, is postmenopausal (at least 12 sequential months of amenorrhea) or surgically sterile. Females of childbearing potential must have a negative pregnancy test. 12. Female patients of childbearing potential who are heterosexually active and male patients with female sexual partners of childbearing potential must agree to use an effective method of contraception (e.g., oral contraceptives, double-barrier methods such as a condom and a diaphragm, intrauterine device) during the study and for 4 to 6 months (depending on treatment) following the last dose of study medication, or to abstain from sexual intercourse for this time; a woman not of childbearing potential is one who has undergone bilateral oophorectomies or who is post-menopausal, defined as the absence of menstrual periods for 12 consecutive months. 13. Subjects must have recovered to National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE) v5 Grade 0 or 1 after completion of prior AML therapy with the exception of the platelet count requirements (i.e., as long as peripheral blood platelet count is >20,000/µL). 14. Subjects must not have end stage renal disease. 15. Subjects must have adequate hepatic function defined as a serum total bilirubin as a serum total bilirubin <2 x ULN (except for Gilberts syndrome, which will allow bilirubin 3.0 mg/dL and alanine aminotransferase (ALT) and aspartate aminotransferase (AST) 3 × ULN. 16. Subjects must be willing and able to return to the clinical site for adequate follow-up and to comply with the protocol as required 2. Male or female patients > 18 years of age on the day of signing informed consent. 3. Subjects must have a diagnosis of AML according to the WHO criteria (primary/de novo or secondary, including treatment-related [e.g., due to prior anthracycline use], as well as cases due to progression of antecedent hematological disorder [e.g., MDS, MPN, or MDS/MPN 'overlap' syndrome). 4. Les patients doivent être en deuxième rémission morphologique complète ou ultérieure (avec ou sans récupération des plaquettes ; RC2/RCp2) pour une LMA en rechute, selon les critères de RCp suivants : a. < 5 % de myéloblastes dans la moelle osseuse. b. Absence de corps d'Auer. c. Absence de blastes périphériques circulants. d. Nombre absolu de neutrophiles (NAN) du sang périphérique >1000 cellules/µL. e. Numération plaquettaire du sang périphérique >20 000/µL. f. Absence de maladie extra-médullaire. 5. Patients must have > 300 lymphocytes/ µL. 6. Subjects must not be candidates at the time of study entry for allogeneic stem cell transplant (Allo-SCT) due to intercurrent medical conditions, patients preference or lack of an available donor. 7. Subjects must have received the last dose of re-induction antileukemic therapy at least 4 weeks or ten half-lives of induction chemotherapy (whichever is shorter) prior to receiving study treatment. 8. Subjects must be consented within 6 months of having achieved CR2/CRp2 or later. 9. Subjects must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0,1,2 or 3.

Exclusion criteria

1-For subjects randomized to GPS maintenance monotherapy: a. Continuation of any agents administered as part of induction of CR2/CRp2 or later b. Receiving any concurrent anti-AML systemic therapy c. Prior clinically significant allergic reaction to Montanide, sargramostim (GM-CSF) or filgrastim (granulocyte colony stimulating factor [G-CSF]). d. Received any consolidation and/or maintenance antileukemic therapy, investigational agent, systemic corticosteroid therapy, or other immunosuppressive therapy within 4 weeks prior or 10 half lives, whichever is shorter prior to receiving study treatment. Systemic corticosteroids for chronic conditions (at doses 10 mg/day of prednisone or equivalent) are permitted, as are inhalational, intra-ocular, intra-articular and topical corticosteroids as well as any corticosteroids or other immunosuppressive therapies that do not act systemically (e.g. budesonide) at any dose level.
8-Pat who had an SCT after their most recent re-induction that resulted in CR2 or CRp2 or later are not eligible. Pat. with prior SCT are allowed only if they had SCT prior to their latest re-induction or achieved CR by means of transplant.
9-Has a diagnosis of immunodeficiency or is receiving chronic systemic steroid therapy (in dosing exceeding 10 mg daily of prednisone equivalent) or any other form of systemic immunosuppressive therapy exceeding 10 mg daily of prednisone equivalent within 7 days prior the first dose of study drug. The use of physiologic doses of corticosteroids and/or immunosuppressive agents may be approved after consultation with the Sponsor. Steroids taken as short-term therapy (7 days) for antiemesis are permissible.
12-Has known hypersensitivity to Montanide or vaccine adjuvants.
13-Had a previous clinically significant systemic allergic reaction to Montanide, sargramostim (GM-CSF), or filgrastim (G-CSF)
14-Has an active autoimmune disease that has required systemic treatment in past 2 years (i.e., with use of disease modifying agents, corticosteroids or immunosuppressive drugs). Replacement therapy is not considered a form of

systemic treatment and is allowed.
15-Has an active life threatening infection requiring systemic therapy.
16-Has a history or current evidence of any condition, therapy, or laboratory abnormality that might confound the results of the study, interfere with the patients participation for the full duration of the study, or is not in the best interest of the participant to participate, in the opinion of the treating investigator.
17-Has a known psychiatric or substance abuse disorder that would interfere with the participants ability to cooperate with the requirements of the study.
18-Is pregnant or breastfeeding or expecting to conceive or father children within the projected duration of the study, starting with the screening visit through 30 days after the last dose of study treatment.
19-Has had an allogeneic tissue/solid organ transplant.
10-Has a known additional malignancy that is progressing or has required active treatment within the past 5 years, even if currently inactive or unapparent.
11-Has known active CNS metastases and/or carcinomatous meningitis. Participants with previously treated brain metastases may participate provided they are radiologically stable, i.e., without evidence of progression for at least 4 weeks by repeat imaging (note that the repeat imaging should be performed during study screening), clinically stable and without requirement of steroid treatment for at least 14 days prior to first dose of study treatment.
2-Subjects with an imminently planned hematopoietic stem cell transplant (autologous or allogeneic, with any degree of match donor).
3-Subjects with acute promyelocytic leukemia or any morphologic and molecular variants, inclusive.
4-Subjects with a serious concurrent illness that in the opinion of the Investigator would pose an undue risk to the subject participating in the clinical study.
5-Subjects who currently have, central nervous system leukemia
6-Has received a live vaccine within 30 days prior to the first dose of study drug. Examples of live vaccines include, but are not limited to, the following: measles, mumps, rubella, varicella/zoster (chicken pox), yellow fever, rabies, Bacillus CalmetteGuérin (BCG), and typhoid vaccine. Seasonal influenza vaccines for injection are generally killed virus vaccines and are allowed; however, intranasal influenza vaccines (e.g., FluMist®) are live attenuated vaccines and are not allowed. Vaccines for Covid-19 used under an EUA, are considered an authorized (though not an approved or cleared) medical product for use in clinical care. Vaccines used for the prevention of Covid-19 are allowed to be used.
7-Is currently participating in or has participated in a study of an investigational agent or has used an investigational device within 4 weeks, or in the case of drugs 10 half lives, whichever is shorter, prior to the first dose of study treatment.

Calendar

(Last Update: 05/05/2025)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
26/10/2022	16/11/2022	23/11/2022	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
08/04/2024	Not aported	Not aported	11/11/2024	Not aported

Sponsor

Sellas Life Sciences Group Inc. United States

7 Times Square Suite 2503

Contact Person

Clinical Development

+16462005278

Info@sellaslife.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm Provincial de Sevilla

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Sites

Closed (11/11/2024)

CLINICA UNIVERSIDAD DE NAVARRA

Pamplona/Iruña

NAVARRA

Oncología

Closed (27/05/2024)

Complejo Asistencial Universitario De Salamanca

Salamanca

SALAMANCA

Oncología

Closed (11/11/2024)

Complejo Hospitalario Gregorio Marañón

Madrid

MADRID

Servicio de Hematología

Closed (23/05/2024)

Complejo Hospitalario La Paz

Madrid

MADRID

Servicio de Hematologia

Closed (11/11/2024)

Hospital de San Pedro de Alcantara

Cáceres

CÁCERES

Oncología

Closed (11/11/2024)

HOSPITAL UNIVERSITARIO CENTRAL DE ASTURIAS

Oviedo

ASTURIAS

Servicio de Neumologia- Consultas Externas

Closed (27/05/2024)

HOSPITAL UNIVERSITARIO REINA SOFIA

Córdoba

CÓRDOBA

Hematología

Closed (11/11/2024)

HOSPITAL UNIVERSITARIO VIRGEN DEL ROCIO

Sevilla

SEVILLA

Unidad de Hematología y Hemoterapia

Closed (11/11/2024)

HOSPITAL UNIVERSITARIO Y POLITECNICO LA FE

València

VALENCIA

Hematology Department

Medication

Azacitidine Accord 25 mg/mL powder for suspension for injection
SUSPENSION FOR INJECTION
SUBCUTANEOUS USE

ATC code: L01BC07 - AZACITIDINA
Active Principles: N/A

Experimental

Sargramostim (GM-CSF)
INJECTION
SUBCUTANEOUS

-
Active Principles: N/A

Experimental

Venclyxto 100 mg film-coated tablets
FILM-COATED TABLET
ORAL

ATC code: L01XX52 - VENETOCLAX
Active Principles: N/A

Experimental

Azacitidine Accord 25 mg/mL powder for suspension for injection
SUSPENSION FOR INJECTION
SUBCUTANEOUS USE

ATC code: L01BC07 - AZACITIDINA
Active Principles: N/A

Experimental

Alexan 20 mg/ml oldatos injekció vagy infúzió
SOLUTION FOR INJECTION
INTRAVENOUS (IV) OR SUBCUTANEOUS (SC)

ATC code: L01BC01 - CITARABINA
Active Principles: N/A

Experimental

Vidaza 25 mg/ml powder for suspension for injection
SUSPENSION FOR INJECTION
SUBCUTANEOUS USE

ATC code: L01BC07 - AZACITIDINA
Active Principles: N/A

Experimental

Galinpepimut-S
POWDER FOR INJECTION
SUBCUTANEOUS

-
Active Principles: N/A

Orphan
Experimental

Dacogen 50 mg powder for concentrate for solution for infusion.
SOLUTION FOR INFUSION
INTRAVASCULAR USE

ATC code: L01BC08 - DECITABINA
Active Principles: N/A

Experimental

No results